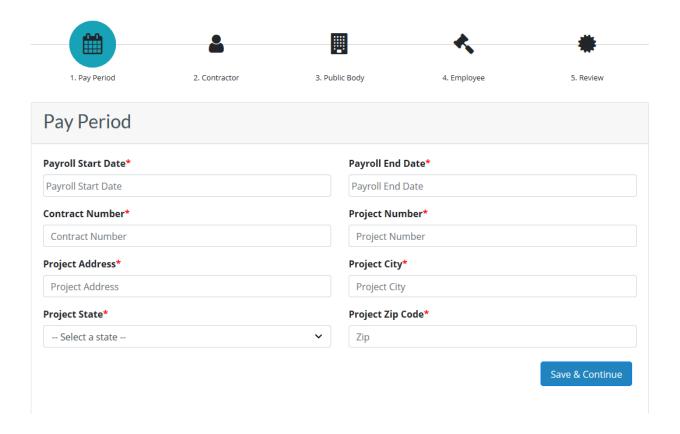
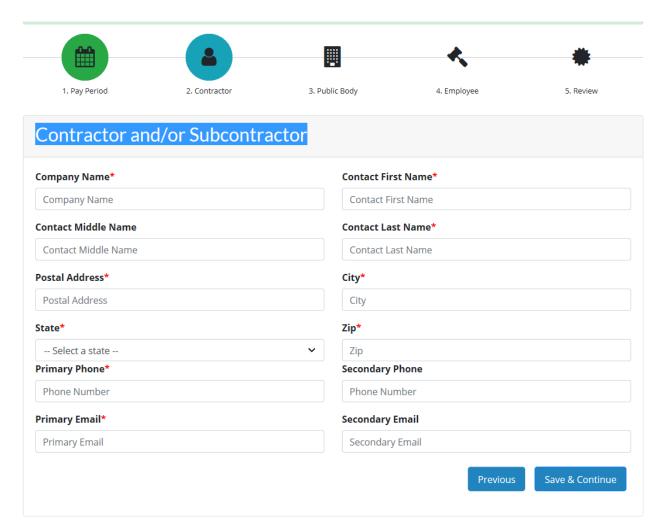
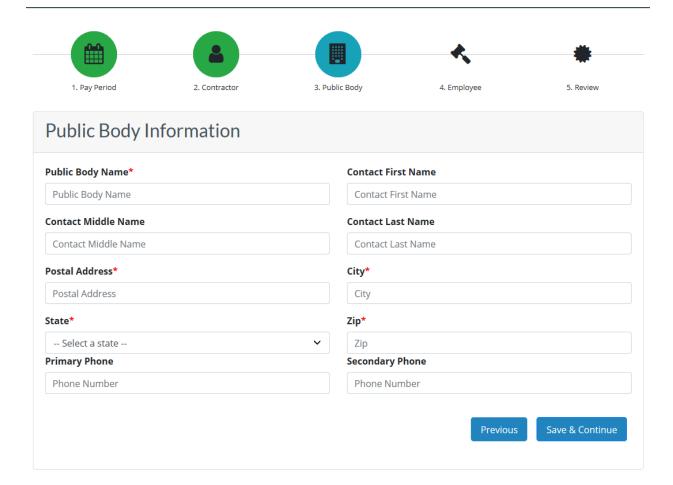
## Pay Period



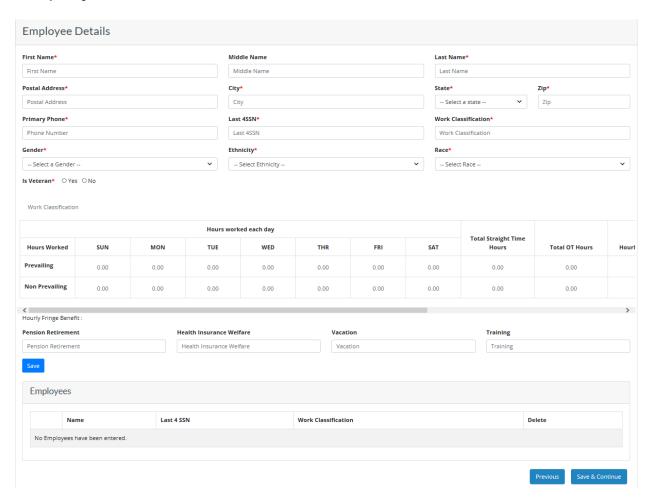
### Contractor and/or Subcontractor



## **Public Body Information**



## **Employee Details**



#### Review

#### Review

Pay Period

Contractor or Subcontractor

**Company Name** 

Postal Address

Public Body Information

Pay Period

4/1/2020 to 4/12/2020

All Steel Ironworks, Inc. and AllSteel Iron, Inc

SPRINGFIELD, IL 62704

Public Body Name SChool

Contract Number
Project Number

A12345678

Contact First Name Jason na Keller
Primary Phone 2174567888

Contact First Name
Primary Phone

ProjectAddress 16

1673 SEVEN PINES RD SPRINGFIELD, IL 62704 2174567888 1807 SEVEN PINES RD

PostalAddress 1807 SEVEN PINES RD

#### Employee

Report hours for each day, including overtime hours, list hourly prevailing wage rate and hourly fringe benefits allotments

Employee Name	Naveen Adabala	Hours worked each day												Per Pay Period	
Last 4SSN	1111	Hours	SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time	Total OT	Hourly Wage	OT Wage	GROSS	NET
<b>Primary Phone</b>	2174567890	Worked								Hours	Hours	Rate	Rate		
Work Classification	Associate	Prevailing	0.00	0.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	\$8.00	\$8.00	\$0.00	\$0.00
Postal Address	1807 SEVEN PINES RD SPRINGFIELD, IL 62704	Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Pension Retirement \$0.00 Health Insurance						nce We	te Welfare \$0.00 Vacation \$0.00			Training \$0.00			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Certified By								
$\square$ Do agree with certification*	First and Last Name							

Previous

Certify

### **Confirmation Page**



# Confirmation

THANK YOU for the submission of your payroll. Please read the following message carefully

Certified Transaction of payroll has been submitted. The case number for this submission is 20-CTP-000001

### Sample Email

Dear Contractor,

The Illinois Department of Labor (IDOL) has received "Certified Transcript of Payroll" that you filed on-line on Date 4/21/2020 3:24:49 PM, Your Case Number is 20-CTP-000001.

Sincerely,

Certified Transcript of Payroll Act Section Conciliation and Mediation Division Illinois Department of Labor